THE MEDICAL FORTNIGHTLY

Vol. XXIV ST. LOUIS, FEBRUARY 10, 1906. No. 3

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LEADING ARTICLES

FOUDROYANT GANGRENE.*

W. H. WILDER, M. D.

BIRMINGHAM, ALA.

President Tri-State Medical Society of Alabama, Georgia and Tennessee, 1905.

MY object in presenting this brief paper is to report two cases of this fearful malady that came under my care last year, and to try to bring out some discussion of that most virulent form of gangrene, which is so rapid in action, so fatal to life and limb, and which is known by so many names in our literature, such as "spreading traumatic gangrene," "malignant edema," "purulent edema," "fulminating gangrene," "emphysematous gangrene," "gangrenous emphysema," "gangrene foudroyante" (French), etc., I prefer to anglicise the latter term and call it foudroyant gangrene.

In this form of gangrene there must be an open wound, a restricted or occluded arterial or venous blood supply and a septic infection. The injury necessary may vary from a small scratch to a large and severe laceration, such as we so frequently meet with in dealing with those who have been hurt by machinery or in railway injuries. Crushed injuries, compound fractures and gunshot wounds of the limbs are especially liable to be followed by this form of gangrene. Of course, the pathogenic organism is also necessary, but experimenters have found considerable difficulty in insolating this germ, and making it fulfill all the postulates of Koch. The organism known as the "vibrion septique" of Pasteur, and called by others the bacillus of malignant edema, was formerly thought to be the real cause of this trouble, but in 1891, Welch discovered that this form of gangrene was nearly always associated with an organism known as the bacillus aerogenes capsulates; he found that if guinea-pigs were injected with fresh cultures of this bacillus, local gangrene with emphysema and even death resulted; rabbits and mice were found to have greater resistance, and generally withstood its invasion; however, when rabbits with broken bones were injected intravenously gaseous abscesses formed around the ends of the fragments, and when such animals were killed, and their bodies kept in warm surroundings, they soon underwent rapid gaseous degeneration. This probably explains why this variety of gangrene travels so rapidly, especially when hot external applications are applied to the parts affected.

Recently Iacobelli has insolated a bacillus in two cases of gaseous gangrene, which is very similar to that found by Legros, and called by the latter the "septic aerobic bacillus." Iacobelli does not consider his bacillus identical with that of Welch; guinea pigs inoculated with pus from gangrenous wounds caused by this bacillus died in about twenty-four hours, but did not show any gaseous gangrene. It was also found to be very resistant to antiseptics. The natural habitat of the micro-organisms seems to be in the soil and in the alimentary canal. Combined with the bacilli above mentioned streptococci have nearly always been found in this variety of the disease in man.

When the edema begins the blood vessels are compressed and sometimes occluded, and this materially lowers the vitality of the part and gives impetus to the disease. This form of gangrene usually appears within two or three days after the patient has received a severe laceration, contusion, gunshot or some other wound which cannot be or has not been thoroughly disinfected. In some cases there are irregular chills followed by more or less fever, just as may be seen in any form of sepsis; in other cases these chills

*Read before the Tri-State Medical Society, Chattanooga, Tenn., September 26, 1905.

may be absent and the fever may not be marked until after the patient has become overwhelmed with the septic ptomaines. The pulse, which at first is not much quickened, increases in rapidity and decreases in volume as the fever rises; the respirations are shallow and rapid; the urine shows an increasing amount of albumin, nausea and vomiting sets in, the patient has a very anxious expression of countenance, his face becomes pale, he grows very restless, delirium appears, and in short he has all the symptoms of acute virulent sepsis. Pain in the injured part is frequently not severe at first, but as the disease advances and the affected part becomes more and more edematous, it increases and becomes quite excruciating. Soon after receiving the injury a slight edema appears, and the skin changes its color to a dusky brown hue, somewhat the color of a rind of bacon, due to the extravasated hemoglobin, and there are streaks of a dark greenish yellow color extending up the limb. The rapidity with which these changes takes place is a marked characteristic of this disease; it travels hour by hour and within a day or two from its onset has involved the whole limb. The swelling increases rapidly and blebs or bullae filled with a dark straw colored fluid form beneath the epidermis, and the superficial veins of the limb, especially those on the inner side, stand out in bold relief, showing a very distinct and irregular smoky greenish color of the skin between them; gaseous emphysema caused by putrefactive bacteria appears and gives a crackling feeling to the tissues beneath the skin; putrefaction advances rapidly along the lymphatics, the tendon sheathes the connective tissue spaces and beneath the fasciae, and if not promptly arrested by high amputation these chemical poisons get into the patient's general circulation, and he soon dies from the invasion of the septic ptomaines.

In this form of gangrene, nature seems to be utterly unable to cope with the invading poison, therefore no line of demarcation is perceivable, and to wait for its appearance is to invite death. The wound is usually of an ashen gray indolent appearance with no tendency to heal, and if the limb be cut into a greenish purulent serum, with no tendency to localization comes from every direction. It is a mistake to think that gangrenous parts do not bleed freely when incised.

The diagnosis of this form of gangrene is usually not very hard to make, especially in its advanced stages. Some or all of the above symptoms outlined are easily recognized; the crackling of the skin on palpation, the dusky brown hue to the integument with no line of demarcation apparent, and the rapid advances of the disease are pathognomonic. The early recognition of the disease is quite essential to its successful treatment. Death is the usual result in from 70 to 80 per cent of all patients so afflicted, and more than 90 per cent of those who do not die are compelled to undergo high amputation of the affected limbs to save life. Statistics on this form of the disease are scarce. C. P. Gildersleeve (Medical Record, March 4, 1899) reports a series of sixteen cases in which the bacillus aerogenes capsulatus was found; there were twelve deaths, a mortality of 75 per cent. This may be considered an average mortality in this frightful malady, even since the time of antiseptics, since which time the disease is not so frequent as formerly; therefore, prophylaxis by means of thorough surgical cleanliness is the first indication in treatment. All authors advise prompt and high amputations above the edematous zone as soon as the disease is recognized; the arm should be taken off at or near the shoulder joint and the lower extremity high up in the thigh. We should always go high enough, if possible, to avoid tissues that are swollen and filled with the greenish brown serum above alluded to. No sutures whatever should be put in the flaps, which are to be left wide open to be dressed at frequent intervals with hot antiseptic (preferably bichloride) solutions until the soft tissues become healthy. It is needless to state that such operations should be done with dispatch, and everything done to sustain the patient already overwhelmed with septic ptomaines. Dr. Van Buren Knott (Jour. A. M. A., April 11, 1903) practices somewhat a novel procedure in these cases; he estimates as nearly as possible the line between the healthy and diseased tissues, and after thoroughly cleansing the limb and wrapping the gangrenous parts in sterile towels, amputates circulary all the soft tissues and bone at the same level, taking particular care to ligate every bleeding vessel without including any perivascular tissue in the bite of the forceps or ligature. The wound is left absolutely open—not using a single suture—and dressed with gauze saturated in hot saline solution, which dressings are changed from two to four times a day. After a week or ten days if the wound is clean, and the patient's condition is good the flaps, already outlined, are dissected up, the remaining soft tissues cut, and the bone sawed off at the proper level. The advantages claimed for this procedure are that the gangrenous tissues are speedily removed from the enfeebled patient rapidly and with little shock, free drainage is provided, allowing an interval in which to build up the patient, and the limb is ampu-

tated at the lowest point consistent with safety. I have never tried this method, but it seems rational and worthy of consideration. In a few early cases in which the infection is limited free incisions of the afflicted part and afterwards keeping the limb in a continuous hot boric acid or saline, both may arrest the disease; but we should be always on the lookout and ready to amputate promptly. A few hours delay in this form of gangrene may mean the loss of a life. After operation, we should, of course, be very careful to stimulate the patient with alcohol and strychnine, provide good nourishment as soon as he is able to take it, and above all see that the stump of the limb is dressed often so as to keep it clean and provide as free drainage as possible. My two cases were are follows:

CASE I.—W. P., male, age 35, foreman of a railroad construction gang, on March 29, 1904, dropped a pistol from his pocket, and the fall caused the weapon to explode, the ball entering the fleshy part of the calf of the right leg on the inner side four inches below the knee, passing through the limb behind the bones which were not injured, and coming out two inches higher on the outer surface. The patient, not believing that his injuries were dangerous, remanied in his car out on the road two days and continued to superintend the work from his bunk; at the end of that time he came to St. Vincent's Hospital and was admitted at 9 p.m., on March 31.

His condition was fairly good with a temperature of 99 deg. and a pulse of 96. The wounds of entrance and exit looked healthy, the circulation in the part was good, there was very little swelling of the limb, but patient complained of great pain in the leg. His injuries were dressed antiseptically and patient put to bed with instructions to night nurse to give a quarter of a grain of morphine hypodermically to ease pain. He had a fairly good night, but next morning the limb was more swollen and circulation was not so good, pulse and temperature about same as evening before. Hot applications were applied and frequently changed for the next twenty-four hours, at the end of which time the pain had increased, pulse gone to 120 and temperature to 102 deg. F., and marked gangrene had made its appearance. I advised immediate amputation. Patient's mother declined this until her family physician, Dr. E. M. Robinson, saw him. It was three hours before the consultation was held, at the end of which the thigh was amputated rapidly at the junction of the middle and upper third; 1000 c.c. of hot saline solution was given intravenously just at the close of the operation; patient's condition was so bad he died at 6:00 p.m., just forty-five hours after his admission to the hospital, and six hours after operation.

CASE II.—W. M. D., male, age 47, a railroad brakeman, fell from the top of a box-car on June 30, 1904, about 11 o'clock p.m., and sustained a compound fracture of the left radius near the wrist. He was admitted to St. Vincent's Hospital at 6 o'clock next morning, July 1st; put under chloroform, wound examined and as thoroughly cleansed as possible, and dressed antiseptically on a splint. The circulation in the hand was good and he did very well until the fifth day, when evidences of sepsis set in about the hand, which was freely incised and dressed in hot bichloride gauze; on the morning of the sixth day the hand looked a little better, but during the next twenty-four hours his pulse ran up to 116 and the temperature to 104 deg. F. The skin on the arm now began to show the dusky brown color which was spreading rapidly toward the shoulder, crepitation in the cellular tissues could be felt, the patient was flighty, and gangrene was evident. I advised immediate amputation, but patient's wife desired to wait until her family physician, Dr. John A. Moore, could see her husband. The consultation was held four hours later, during which time patient had grown rapidly worse, and at 1 p. m., July 7, 1904, I amputated the arm near the shoulder. Patient was under the ether just fifteen minutes and 1000 c.c. of hot normal salt solution was given subcutaneously during the operation. The stump was left wide open, and dressed with hot bichloride gauze, which was changed twice daily for ten days. His condition was very precarious for two or three days after which he began to show some signs of improvement. About this time a large pectoral abscess, caused from the salt solution, developed and complicated matters considerably, this was opened with cocaine anesthesia, and after a long and stormy convalescence he made a good recovery.

2218 7th avenue.

NASAL PAPILLOMA.—Stenosis is generally moderate, the discharge slight and hemorrhage occasional. The disease appears as small, warty growths, near the margin of the nostril. When farther back (always arising from lower turbinate), they are larger, softer and somewhat pendulous, with a bright pink, raspberry surface. One should remove the swelling with a cold wire snare, then cauterize with the galvanocautery.

TUBERCULOSIS, SOCIALLY AND FINANCIALLY.*

C. A. BOICE, M. D.

WASHINGTON, IA.

WE are told the story of a gentleman who while traveling in Turkey, made inquiries of his guide concerning the population and industries of the various cities through which they passed. The guide informed him that it was difficult to answer his questions, and that the knowledge was useless any way.

The proper study of the ravages of the great white plague necessitates very much work in the collection of statistics. The work is difficult, but it is by no means useless. It is invaluable.

During the past summer we have witnessed the general excitement which always prevails when a virulent epidemic visits our country. A few hundred cases of yellow fever occurred in a Southern state, with a few score deaths. The whole country was intensely interested, some men in official position lost much valuable time in jealous wrangling when they should have stood shoulder to shoulder against the "yellow peril."

Yellow fever is but an occasional visitor to our country, and its ravages extend over but a limited area; while consumption is present at all times and in all places.

Consumption is carrying away to an untimely grave in this country every year 110,000 victims, 3,000 every twenty-four hours, two every minute, and no very great excitement prevails. Why?

> "Whilst meagre phthisis gives a silent blow,
> Her strokes are sure, but her advances slow,
> No loud alarms, no fierce assaults are shown,
> She starves the fortress first, then takes the town."

That we may know how and when to act, we must learn the social and financial importance of the captain of the men of death.

The struggle with tuberculosis is intensely bound up with the solutions of the most complex economic problems, and no plans will be complete which do not have for their basis the material and moral improvement of the people. The struggle with tuberculosis demands the mobilization of the social forces —public and private, official and voluntary; and the man behind the gun is the general practitioner who shall lead and guide and direct in the universal campaign.

Osler says that it is not necessary to awaken the public. The public is already awake and, sitting on the edge of the bed, awaiting further orders.

An old heathen superstition, "That plagues and pestilences were expressions of a merciful provision on the part of Providence to lessen the burthen of the poor man's family, and that it was impious and profane to wrest from the hands of the Almighty these divine dispensations." There are some believers in that old superstition living yet.

Lord Beaconsfield said that "the public health is the foundation upon which reposes the happiness of the people and the power of the state, and that the first duty of the statesman is the care of the public health." We are only sorry that our present day statesmen do not see their first duty in the proper light.

Ten per cent of our total death-rate is due to tubercular diseases.

"Consumption is the most feared, the most prevalent, the most fatal of diseases. Other diseases have caused more dismay, more panic and occasionally, for short periods, even more destruction, but consumption has been the most constant and the most pestilential of all, the worst scourge of mankind."

Every community has many cases, rare is the family which is not directly interested. No age, nor race, no condition in life or location of home is exempt.

"The continued activity of the prevalence of this disease is a reflection on the civilization in which we live."

Men show a greater mortality rate than do women, 10.7% of all deaths in men are due to tuberculosis, 10.3% in women. The greatest mortality among men occurs between the ages of twenty-five and thirty-four. Thirty-three per cent of all deaths in men between the ages of twenty and thirty are from preventable diseases. Women show the greatest mortality rate between the ages of fifteen and twenty-four.

Tuberculosis of bones and joints and of the glandular system occurs with greatest frequency in childhood — during the milk period of life. The great prevalence of these forms of tuberculosis at this time of life calls for a more careful and thorough study of the disease as it occurs in the source of our meat and milk supply

Tuberculosis is widespread among all the lower animals—cattle, hogs, horses, chicken, and all wild animals in captivity are affected. Of the domesticated animals, those which are the basis of our food supply show the greatest predisposition. In some countries (Denmark, Belgium, Germany, England) 2 or 3 per cent of the hogs, 25 to 33 per cent of the beef cattle and 50% of the milch cattle are tubercular. In the United States as a whole, the per cent of milch cows affected is about five (Minnesota 7%), but when left to itself, the disease increases so rapidly that it is not an unusual thing to

*Read before the Henry County (Iowa) Medical Society, August 10, 1905.

find milch herds where from 50 to 90 per cent are tubercular.

In the interval between 1895 and 1901, the Bureau of Animal Industry examined the carcasses of 30,000,000 beef cattle and of 120,000,000 hogs. In 1895 the condemnation of cattle carcasses for tuberculosis was 407.4 per million; in 1901 this had increased to 1285.6 per million, a gain of over 300%. In 1896 the condemnation of hog carcasses was 29.5 per million; in 1901 the number had arisen to 352.8 per million, an increase of over 1200%. Some portion of this increase is undoubtedly due to a more careful inspection, but the fact remains that tuberculosis among our domestic animals is on the increase, and at a very rapid rate.

In 1901, at the Chicago stock yards, 4,000 hog carcasses were condemned; in 1904 the number was 14,000. Ninety per cent of these diseased hogs came from the dairy districts of Iowa, Minnesota and Wisconsin. These hogs were fattened on the buttermilk from the creameries. Iowa has 600 creameries.

In Massachusetts, from 1856 to 1895, the deaths from tuberculosis (other than pulmonary) have increased 36%, while the general mortality from consumption has decreased 45%. This means that the disease is on the increase in those animals which serve as the basis of our food supply, and that unless more care is exercised in the selection and care of our dairy herds our boasted sanitary measures will come to naught.

That it is possible to contract tuberculosis from the milk and meat of diseased animals, there can be no doubt. Clinical evidence is overwhelming in support of the contention.

In Michigan, where vital statistics are reliable, in children under five years of age there averaged from 1885 to 1897, 104.3 deaths from tuberculosis not affecting the lungs to every 100 deaths from the pulmonary form. In the period from 1898 to 1900 the ratio had increased to 263.3 to 100. Why this tremendous increase in the mortality from other forms of tuberculosis as compared with consumption at what has well been called the milk-drinking age of life?

A recent epidemic of sickness among the students of the U. S. Naval Academy caused an investigation of the milk supply to be made, with the result that thirty-six out of the herd of sixty-two milch cows were found to be tubercular. One tubercular animal in a herd is like a rotten apple in a barrel of good ones—it is not long until the entire herd is diseased, then if some of the animals be sold, the infection is carried to other herds.

Tuberculosis affects hogs almost exclusively through the intestinal tract—hogs are scavengers. Very rarely is the muscular tissue the seat of this disease.

Cattle usually show the infection in the lungs, glandular system and udder; hence, the spreading of the disease through the meat and milk is inevitable.

It is a question which deserves far greater attention than it is receiving.

In 1900 the average age of all dying (except those under fifteen) was 52.8 years; of those dying from consumption the average age at death was 37.4 years. At this age the normal after-life time is thirty-two years, so that the real loss of life covered—measured in time—is represented by 3,520,000 years annually.

Death is most common in young men and women at ages when they are just beginning to repay the commonwealth the expenses of education. Again, tuberculosis is more fatal among married people than single, seeming to bear out the statement of Robert Louis Stevenson, "that marriage is a field of battle and not a bed of roses."

The mortality from tuberculosis is, therefore, a problem compared with which all other social problems of a medical character sink into insignificance; and it is safe to say that the possible prevention of a large portion of the mortality of this disease is justly deserving of the solicitude, the active personal interest and liberal pecuniary support of all who have the real welfare of the people at heart.

Race.—The influence of race on any social phenomenon is hopelessly obscured by the historical accidents of conquest and migration. We almost feel the truth of the saying, "we need not deny that blood tells, but we must not be prematurely certain that we can hear what it tells, or that we can distinguish the voice of the particular blood that speaks."

The registration area of the United States includes 38% of the population, and the reports collected therefrom are a fair representation for the whole country.

Statistics show that the colored races (Africans, Indians, Chinese and Japanese) have a general mortality rate of 70% in excess of that for the white race; while the tubercular mortality exceeds that of the whites by over 300%. These colored races show great tendencies to crowd together in dirty tenements. The ignorance and carelessness of such peoples provides an ever ready field for the infecting organisms. The death rate among white children (under fifteen years of age) is 31.8 per 100,000; among colored children the rate is 246 per 100,000. Total colored mortality rate (ages fifteen to forty-four) is 587.4

per 100,000. Next come the Irish with a rate of 428 per 100,000. Their well known habits of overcrowding, carelessness of living, intemperance and poverty render them very liable to disease. In city tenements the death rate is lowest among that class of population which is least addicted to drunkenness. Intemperance more than trebles the liability to tuberculosis.

Occupation.—A list has been compiled of fifty-three different occupations. Marble and stone-cutters head the list with a rate of 540.5 per 100,000 engaged in that work. Tobacco workers hold second place, physicians and surgeons rank fortieth, with a rate of 168.8; clergymen rank fiftieth and bankers fifty-third—the healthiest of all—42.8 per 100,000.

Condition in Iowa.—Iowa is essentially an agricultural or rural community. We have only one city with a population in excess of 50,000. Only 16.8% of our people live in cities of over 8,000 inhabitants. Men constitute 51.8% of the city population. We have no crowded tenements; no filthy breeding places of epidemics. Our population is 2,231,853, and we have tuberculosis—lots of it.

The Board of Control, from fairly reliable statistics, credits the state with 10,000 cases of tuberculosis and a yearly mortality of about 2,000. Iowa's mortality rate from this one disease is 7.05% of all deaths. Forty-three of the states exceed us, and we exceed five—Idaho, Wyoming, Indian Territory, New Mexico and Utah. California leads the Union with a rate of 15.46%.

The average length of life after the onset of the disease is two and one-half years.

We certainly have cause for congratulating ourselves, not for anything which we have done, but for our natural advantanges, but we have room for improvement.

Pasteur said that "It is in the power of man to cause all parasitic diseases to disappear from the world."

In New York City very reliable statistics have been kept since 1885. At that time the annual tuberculosis mortality was 8,000. The mortality remains the same while the population has doubled in the past twenty years. Preventive measures are saving for that city 8,000 lives yearly, still the city is losing $23,000,000 annually on account of the plague. Mortality from consumption decreased 46% from 1800 to 1900.

"We must care for the consumptive in the right place, in the right way, and at the right time until he is cured; instead of as now, in the wrong place, in the wrong way, and at the wrong time until he is dead."

The following facts must be told again and again:

1. Tuberculosis is infectious.
2. Tuberculosis is preventable.
3. Tuberculosis is curable in from 80 to 90% of the cases when diagnosed early and treated correctly.

The treatment of tuberculosis has for its basic principle, rest, food and fresh air, all other lines of treatment are but supplementary to these.

Financial Importance.—Maryland statisticians estimate the average individual loss for every wage earning male dying with tuberculosis at $741.64; and the potential loss to the community for such death at $8512.52.

Dr. Homer Thomas, of Chicago, has estimated as follows for Illinois: Money loss in education of those who die before the age of twenty, $1,187,800; loss from inability to perform manual labor on the part of those sick, $30,000,000; loss in savings of those who die before the end of the producing age, $5,139,000; and cost of sickness, $225,000, a total for the state of $36,551,000 a year. Illinois has about 7,000 deaths in a population of almost 5,000,000.

Iowa's death rate of 2,000 is two-sevenths that of Illinois. At the same ratio, our annual loss for this leader of the preventable, and therefore unnecessary, diseases is $10,443,142.

For the United States in the same proportion, the average yearly contribution to ignorance and slothfulness totals the enormous sum of $574,385,420; nearly $8.00 for every man, woman and child; more than one-half the value of the entire corn crop, $952,868,000.

Signs of Progress.—Massachusetts, New York, Pennsylvania, Indiana, Illinois, New Hampshire and Iowa have State Societies for the Study and Prevention of Tuberculosis. These societies will accomplish great good in the systematic study of the disease as it is, and in the scientific presentation of the learned facts.

The working rule of the average statesman would seem to have been, "millions for tribute, but not one cent for defense," but with the information gathered by these societies we have no doubt but that Daniel Webster's famous remark will find a more widespread application.

Masaschusetts and Pennsylvania now have State sanatoria, and without doubt Iowa and Illinois will soon be in line.

These states have found that the money expended for sanatoria has been returned many fold, in increased health and happiness of the people.

The expenditure of $50,000 or $100,000 by Iowa for a sanatorium will within a few short years greatly reduce our annual loss of over $10,000,000.

Under the present systematic enforcement of isolation and disinfection, tuberculosis will be extinct in Prussia in 1927, in England in 1947.

Are not our citizens of as much value as are those of any foreign country? Does not the medical profession owe to humanity the truths which it knows, and knows absolutely?

"The new shall do
The unknown things, the wondrous deeds
Earth's future needs demands;
Its hand shall shape the course;
Its brain devise the plan
To win the richest prize that man can win—
The betterment of man."

THE PRESENT STATUS OF THE ALKALOIDAL MOVEMENT.

W. C. ABBOTT, M. D.

CHICAGO, ILL.

WHEN Boswell first met Samuel Johnson the latter was giving his views as to some other man with considerable vigor. Boswell endeavored to moderate the storm by remarking that he hardly thought the man as bad as Johnson said; when the latter turned on him with—"Sir, I do not see what right you have to an opinion on the matter!"

Very often we have the opportunity to ask this question, when people advance their views with an ex cathedra air, as if that settled the matter in dispute.

When a distinguished surgeon, professor of surgery in Rush Medical College, says flatly, "there is no medical treatment for pneumonia" we feel warranted in respectfully asking—what right have you to an opinion on this subject? and, for whom do you speak thus? For yourself, for your colleagues, or for the medical profession in general? If for yourself, we submit that you should have said that you knew of no such treatment; and with that statement we should have no quarrel. If you spoke for your colleagues, we ask if they authorize this assertion, and if this is the present teaching of Rush? If so, the physician who has medical students may well consider whether they will get from Rush the teaching he deems best. If Dr. Bevan speaks in behalf of the medical profession, we ask by what authority does he assume the right to do so? And as a member of that profession we repudiate his assumption to speak for us, and deny the truth of his assertion.

Dr. Bevan is a surgeon, whose attainment in that restricted sphere have made his name known all over the land; and in his line he has few superiors. But we have searched in vain through the records of medicine to find any indication of his having practised medicine in his days of maturity, or contributed anything of value to non-surgical medicine, much less to therapeutics; or that indicates that he has paid any attention to the developments in the latter during the last twenty years. In fact, we must give his startling assertion about the credit that our own would receive, were we to state that there was no surgical treatment for appendicitis.

But the influence exerted by such statements does not stop with the medical profession. They form part of that enormous system of detraction and pessimism by which the profession has been undermined in the estimation of the public, and the way opened for the operations of quackery. The intelligent layman says: "According to the leaders of your own profession you have nothing to offer me except the sharp point of the knife. I don't want it." The quack says: "Regular medicine acknowledges she has no remedies but surgery. I have." And he has. Nowadays the quack is a graduate of regular medical colleges, and as well qualified as the average practician—perhaps a little better, while relieved of the trammels of ethics and possessed of an infinitely greater knowledge of human nature and of business methods. He is devoid of prejudices and quick to pick up and utilize any improvements in medicines and methods that arise—far quicker than the plodding general practician. The latter may have in his office a microscope he never uses, and an electric outfit that is out of order, but he continues to prescribes squills and paregoric for every cough, opium for every pain, whisky for everything else.

Let me state as my profound belief, after studying quackery in all its aspects for years, that its existence has a tangible, easily comprehended reason. That reason is little creditable to ourselves. If the profession is poor, if the doctor finds it yearly more difficult to make both ends meet, to provide himself with the needs of an up-to-date practice, if quacks multiply and the public accepts and enriches every new one, however absurd may be his claims, whose fault is it? It is our belief that the whole matter may be summed up, by saying that the therapeutics of the regular medical profession is not good enough to meet the requirements of the present day. It is this miserable, outworn therapy, I and my colleagues are endeavoring to reform.

Well, what's the matter with our therapeutics? It is uncertain, inefficient, wrongly directed, unpalatable and crude, antiquated,

and in a word unscientific. Let us take up each count of this indictment:

Uncertain.—It is scarcely necessary to expatiate on this point. The writer has seen a man with dilated heart die within an hour of taking a dose of fluid extract of digitalis, that happened to be weak in the cardiac tensors and rich in the cardiac depressant, digitonin. He has given jaborandi to increase a mother's milk and had the drug dry up the secretion entirely, because it was weak in pilocarpine and rich in jaborine. Even with cinchona, whose alkaloids are phenomenally synergistic, we have practically dropped the cruder preparations for quinine. How much more necessary this is with plants that contain antagonistic principles. I will only allude to hyoscine, which is completely smothered by the accompanying atropine except in some rare specimens of hyoscyamus; arbutin, which is accompanied by thirty-five times its weight of tannin, so that effective dosage was unknown until the arbutin was separated and administered alone.

But I must speak of the alkaloids of hydrastis: Berberine contracts relaxed connective tissue, while hydrastine contracts the smaller blood vessels, especially of the uterus. The former is a much needed remedy for dilatation of the stomach, for uterine, gastric and intestinal ptosis, for all relaxed states of ligamentous tissues. Hydrastine is a useful remedy for menorrhagia and especially metrorrhagia. The man who administers preparations containing both when but one is indicated, loses much of the satisfaction that comes from an intelligent practice of medicine. In a word, there is in the crude preparations uncertainty as to the nature and the degree of effect we are going to get, whereas with the active principles we have certainty as to both.

Inefficient.—When we have to wait for our medicinal principles to be dissolved from an encumbering mass of inert substances, when we are uncertain as to the kind and quantity of effect that will follow, we are paralyzed as to the prompt and effective intervention at the beginning of an attack that is indicated, and that alone would prove capable of breaking up the malady before it had become firmly seated in the tissues.

Consequently our attitude toward the patient tends to become that of a benevolent spectator, instead of powerfully and intelligently intervening, and becoming the controlling element in the situation. Sureness we must have, to act with power. Sureness as to our drugs gives us the first firm footing.

Wrongly Directed.—Here we come to the crux of the matter. We have been directing our attacks against diseases as entities, when there are no such things. Leaving out the influence of quinine over malaria, mercury over syphilis, and where have we a third instance of a specific for any disease? We are in truth not called on to treat diseases, but conditions. No matter what may be the disease, we recognize the presence of autotoxemia, and remedy it; of hyperpyrexia, and quell it; and if we are qualified, of disturbances of the vasomotor equilibrium, and correct them. Well were it if we did away with these things — the prescription books, the ready-made remedies for single diseases, and the belief that a name-diagnosis is an essential preliminary to drug treatment.

Here is how we get wrongly started in our work; we see a patient; wait some days till able to make a name-diagnosis—eight days for a Widal—and then turn to our formula collection—select the one that has the biggest name behind it, or contains the most ingredients, and give it throughout the attack. If we construct our own prescription we select the remedy we prefer—not knowing just what it will do we throw in a few others, any one of which may hit the case, and let her go at that.

The difficulty is that the dependence on formulas leaves us at the mercy of the manufacturers who promote specific remedies for specific diseases; and abdicating our functions as prescribers we follow the lead of patent medicine makers.

Instead of this, our attack should be directed against just what we see to attack—the symptoms present. We have fever—moderate it; we treat what there is to treat, and study our cases instead of our books. We do not wait for a name-diagnosis, but make a condition-diagnosis on which we base our therapeutics. We can not stop to ascertain what is the cause of hyperpyrexia, because before we can do this our patient will be dead —we just apply ice and cool him off—then we hold an ante-mortem instead of a post-mortem to complete the diagnosis. This we term condition-therapy.

Unpalatable and Crude.—Because we administer uselessly a lot of inert woody fiber, gum, sugar, pectin, albumen and other ingredients of the plant, which add no useful element to the dose but make it larger, more unpleasant, slower to act, less likely to be retained by the stomach, and materially interfere with the absorption of the active principles presented.

Antiquated.—Here is our final point. The basis of scientific therapeutics is the known

action of remedies. This has been ascertained mainly through the medium of physiologic experiment; and this is of necessity confined to the definite, uniformly acting principles, because certainties can not be deduced from uncertainties and the experimenters were driven perforce to these agents. It results that we have concerning them a wealth of information, reaching down to the minutest details, that enables us to prescribe them with full knowledge of the effects to be expected.

The active principles are not substitutes for the tinctures and extracts, but each has a therapeutics of its own. We offer them on their own merits. They may resemble the crude drugs, but this is incidental. Study the alkaloid for itself, without reference to the parent plant. Of what possible consequence is it to us whether hyoscine comes from henbane or from scopolia? Or what these plants were used for in the earlier day? We give hyoscine for its own powers, as shown by scientific experiment.

In the Text-book of Alkaloidal Therapeutics there are 155 remedies described; but these are far too few. Many alkaloids are known to the chemist but not yet tested for the physician. There is a whole group of tetanizants of which strychnine is the type, embracing brucine, thebaine, laudanine, gelsemine, calabarine, curarine, all having similar effects—but not identical necessarily. They have not been studied yet, except that we know brucine is a local anesthetic, and that thebaine has shown powers in certain cases of paralysis superior to those exerted by strychnine. We are convinced that a thorough study of this group would show valuable diversities in the powers of the different members that could be fitted to like diversities in the symptoms of diseases. For instance, at present the writer is struggling with a case of so-called asthma. The vascular tract of the lungs becomes dilated, allowing congestion, with strenuous cough and followed by dyspnea. The indicated remedy is one that will increase the tonicity of the vessels walls in the pulmonary tract without affecting those of the general circulation, which are in a spastic state already. What is this remedy? Hydrastine does this exactly for the uterine tract. Adrenalin does it for the general circulation, for exactly the part we do not need it in. That there is such a remedy as we need we cannot doubt; but as long as the profession is satisfied with crude drugs there is no incentive to add to our list by the careful and painstaking investigations necessary to establish the place of new alkaloids. When this has been done we will have a collection of finely selected remedies that will admit of an accuracy of application of which we now see only the possibilities.

The great need is for clinical workers, who will apply these agents and make careful observations as to their effects. For instance, there are two new remedies for epilepsy—verbenin and solanine. Each has won more than popular repute. Verbenin has proved curative in a series of cases studied by Prof. French, of Carbondale, who believes it acts upon intestinal parasites. Solanine is the active principle of the bull or horse nettle, of bittersweet, and of several other plants that have proved useful in this malady. How, why, what its action and the limits of its effectiveness, are yet to be determined. We have gathered these facts; and we ask the profession to ascertain further facts by clinical trials; but they ask us for information instead. We proffer brotherhood, they insist on forcing us into an undesired leadership.

I have recently traveled from the Atlantic to the Pacific, addressing many medical societies, in the endeavor to arouse an interest in purely scientific, purely ethical, non-secret, non-monopolistic, therapeutics. The alkaloids form a very important part of this, but by no means all. Many synthetics and sera are as strictly scientific as they. The results have proved highly satisfactory. The profession shows signs of waking up to the importance of this movement—the need of reform in therapeutics is universally admitted. The scope of our work is being better comprehended. The cry of "commercialism" is silenced. It is an absolute necessity that there should be a source of standard supply for these delicate instruments, or the propaganda would be emasculated. Of what possible use would it be for us to recommend strophanthin, and send the physician out for it into a market where the supplies vary in strength from one to ninety? But when a non-secret, non-monopolized remedy is advocated, which every druggist, every physician, may prepare and dispense if he chooses, the cry of interested motives becomes trifling. The only opposition now manifested against the alkaloids comes from men who supply ready-made prescriptions to physicians and who find their sales decreasing under our advice for physicians to study their cases, and do their own prescribing with drugs they know all about—and of such opposition we are rather proud than fearful.

We are not contending for the alkaloids but for drug-therapeutics, based on agents worthy of trust, because their effects are sure, uniform, perfectly well known; drugs neither secret nor monopolized, with no commercial backing as such, but depending for popularity on their effectiveness and nothing more.

And on this basis we ask from the profession a renewal of confidence in such drugs, and a trial of the therapeutic methods based on them; promising in return a renewal of that optismitic faith that moves away mountains of disease.

This may to many readers be a many times told tale; but it is one that has traveled far and met no serious attempt at controversion. Many of the foremost men of our day have assured me that we are right; and that the only trouble has been that the world required time to catch up with us. But we who are advocating this reform are painfully conscious that it is a thing far bigger than the men now in it and that at the best we may hope in time to be known as "forerunners," but no more.

The way is opening, the medical mind is in travail, the result is not hard to foretell.

TUBERCULAR ADENITIS OF THE NECK.*

ROBERT J. CHRISTIE, JR., M. D.

QUINCY, ILL.

In presenting this topic for your discussion it is well to consider the frequency with which the condition is met, and the usually unsatisfactory course of the disease. I say disease; it is not entitled to be set aside as a special disease, but the peculiar features presented by tubercular adenitis when located in the cervical region justifies its study apart from general tuberculosis or tuberculosis of lymph glands in other localities of the body. It differs in no essential from tuberculous glands in any portion of the anatomy.

The frequency with which glandular disease is met in the first decade of life is striking. Owing to it being the time of second dentition and to the predilection for the exanthemata this is the period of the greatest susceptibility to glandular disease. It has been shown that about 85% of children in this period are affected. These are largely simple infections of non-pyogenic organisms, and remain without producing any symptoms indefinitely. The number of these that are already tuberculous, and the number which may at a later time become so cannot be expressed in numbers. But coming to the second and third decades of life we find 76% of cases of the affection, and that a large per cent of these give a history of glandular disease in childhood. So we know that a large per cent of those in the first decade are tuberculous or have a strong predisposition to tubercular infection.

The importance of tubercular disease of the neck is made apparent by recalling that in 14% of cases of tubercular disease in other parts of the body show these glands infected. The conclusion cannot be escaped that to arrest the disease in the neck we would reduce tubercular disease by just so much. It is a very familiar sight, I dare say, to every one present to see persons in his practice, children, adolescents and aged ones with these tuberculous lymph nodes.

It is no reproach to the profession of course, but at this day of general awakening of both profession and laity against tubercular disease, and especially along the line of prophylaxis it is our duty to detect and remove these nidi.

It would be begging the question to say this condition is secondary to and dependent on primary foci in the mouth of upper air passages, and that to correct these should be the aim of treatment I am thoroughly assured that no modern physician would hold this view; it would be a striking parallel to the assertion that because the Chicago drainage canal pollutes the stream, those living on its banks at Peoria, Alton and St. Louis should not filter the water that is carried to their every home.

The answer to the query, why is 90% of glandular tuberculosis shown to be in the neck? is found in the fact of the abundant lymphatic supply of this region, and the great exposure of the mouth and upper air passages to the lodgment of germs.

When you reflect that 95% of all tubercular disease becomes infected by way of the mouth or nose, and that these cavities are constantly invaded by living germs, is it any wonder that the lymphatic chains of the neck, these faithful sentinels, ever on watch for the enemy, should sometimes suffer defeat? Greater is the wonder that they should achieve such numberless victories against the arch enemy of the human body, so insidious and so relentless.

It is needless for our purpose to discuss the numerous infections that may disturb the glands of the neck. It is sufficient to say that any considerable enlargement of them, occurring in the second and third decades of life, that are not lympho-sarcoma or pseudo-leukemia, or syphilitic, or that does not rapidly progress to suppuration or resolution, is in all probability tubercular and at once a surgical disease.

I think we are forever divorced from the scrofulous disease of the older writers as meaning other than tubercular disease. I do not concede that there is such a condition or

*Read before the Western District Medical Society of Illinois, at Alton, October 21, 1905.

entity, certainly not from a practical point of view, as simple chronic hyperplastic adenitis. This classification is based on the characteristic long period of involvement, the inactivity and the sometimes spontaneous cure by absorption.

This I maintain is illogical. These glands will in the great majority of cases prove themselves to be tuberculous, and will surely go on to caseation and suppuration. Not to so consider them would compare well with the argument that says, let the appendix alone until it suppurates. It can only be said for taking this chance course that it may be justified by results. It is poor argument, as the evolution in the treatment of appendicitis plainly shows, and the analogy is so true that it must carry conviction. Why not remove the doubt along with the disease?

I would, therefore, make a plea for the early extirpation of these glands. What do we gain by an early operation, and what may we not suffer by delay? These are pertinent questions, and their correct answers should determine the course of all toward an early operation.

What do we gain? In the first place we save from more extensive and widespread tuberculosis 14% of patients. Secondly, we treat a simple uncomplicated surgical disease of the neck and we get an ideal and perfect recovery. These things accomplished for the patient and humanity are not to be despised. If any plan of treatment could reduce the mortality of pulmonary tuberculosis 14% it would be hailed as a dispensation from heaven. This is what early and complete operation does if statistics are true, and my premises, and conclusions are correct. What do we suffer by a delayed operation? We cannot escape the suppurating abscesses of the neck and the hazard they carry to life and happiness.

Tubercular disease of the lymph glands of the neck considered as a surgical disease may be classified in three divisions. Tubercular infiltration, which is the early stage of all tuberculous glands; caseation and softening is the second division, and is the next step in the progress of the disease, and third the periadenitis when the disease is no longer confined within the capsule of the gland, and has penetrated into the contiguous tissue, and we have those large indurated masses involving all the tissues whose center is a suppurating chain of glands connected by sinuses and discharging purulent matter. This third division is, unfortunately for the patient, and also for the complacence of the doctor, the one he is most often called upon to treat. Now who is blameless or most to be blamed for this distressing and menacing condition? I would lay the blame equally on the patient or his parents, on the doctor and on the patent medicine man and his congeners; the doctor in many instances for not insisting on an early operation; the patient for following the misleading claims of the uneducated or vicious, and the patent medicine man for his crime of hypocrisy against the credulity and fixed superstitions of the average man. What should be the rule in the treatment of these conditions? First, excise every tuberculous gland found, and do it at the earliest stage if possible.

It would follow as a rational principle that the source of infection should be sought out, and if possible corrected, whether it be the tonsil, post adenoids, caries of the teeth or abrasions of the mouth, nose or pharynx. If the case is not presented at this early and favorable period, but belongs to the second, excision should still be the rule.

Do not temporize with iodoform injections or bichloride injections or iodine injections; you may get results, but the chances are against you, so do a clean excision, and do not be satisfied with the removal of one caseated gland; remember that there are always three or more involved at this stage. I am impelled to speak rather strongly on this point. In my own cases, at least, those that have done badly were those that had been treated expectantly in the first stage and by injections in the second, and have reached the third by progressive gradation.

What is the rule for this third stage of the disease? Excision! excision! broad, bold and deep if there is any possibility of entirely removing the masses. The excision should include all tissues involved in the disease, skin, fascia, muscle, and if need be vesicles and nerves, excluding of course, the carotids, and the pneumogastric, the cervical, sympathetic and recurrent laryngeal nerves. It should be remembered that the structures mentioned can in most instances be avoided and protected. The carotid sheath by some fortunate principle of immunity is seldom involved.

It is not within the province of this paper to discuss surgical technique, this is fully treated by all modern works on surgery. After a rather extensive experience I am convinced that the principles herein set forth, and sought to be made impressive are correct, and I may add that they are not my dictum, they are the doctrines enunciated by all surgical authorities, and if I have made them forceful and effective for some hesitating and vacillating brother, then my plea has not been in vain and his grateful soul will answer to his satisfied conscience

what he has gained by an early operation, and what he and his patient have escaped by not waiting for late one.

CHRONIC NEPHRITIS IN THE AGED.*

J. PALMER MATTHEWS, M. D.

CARLINVILLE, ILL.

In the examination of the old soldiers who come before the pension board I frequently find three marked symptoms of degeneration which when taken together are diagnostic of chronic interstitial nephritis.

The hardened arteries, hypertrophied heart, and insufficiency of the kidneys, are sequelae in a chain of symptoms which start from a faulty metabolism of animal proteids in the process of digestion, causing the formation of poisonous leucomaines, and the absorption into the blood of unoxidized nitrogenous by-products.

The arterioles become spasmodically contracted, causing resistance in the circulation to the action of the heart which becomes hypertrophied to compensate for the added work.

These proteid substances have the same formula of N_2H_4CO urea, except that they are unoxidized. They are uric acid $N_4H_4C_5O_8$ from nuclein cells and creatin $N_2H_9C_4O_2+H_2O$ from muscle. The formula of nuclein is $C_{29}H_{49}N_9O_{22}P_3$.

In the process of digestion of meats the nuclein of the animal cells is oxidized into urea for excretion from the blood by the kidneys. The liver and small intestines are the places where this oxidation takes place. If they are inactive the poisonous by-products are retained to the detriment of the whole conomy, and are not properly eliminated as urea, but circulate as forms of uric acid and creatin.

Acute dysentery or a lithemic attack may be the beginning of the absorption of products of putrefaction and progressive inflammation of the liver and kidneys, causing cirrhosis and interstitial nephritis.

The symptoms are persistent headache, dizziness, dull memory, nervous flushes and general uremic symptoms with a copious flow of pale, urine of low specific gravity and strong, slow pulse.

The histology of the kidney shows us malpighian tufts of blood vessels from which is secreted the solid constituents of the urine. A large supply of blood passes through arterioles, which are in contact with the uriniferous tubules. The water of the blood passes by osmosis into these channels and into the pelvis of the kidney, where it is carried by the ureters to the bladder.

These arterioles have the muscular coat discarded when they enter the kidneys, but their fibrous coat furnishes the connective tissue stroma of the kidney.

When the blood absorbs irritant proteid ferments from the alimentary canal and filters them through the kidneys there is produced a diapedesis of white blood cells through the irritated capillaries and a new formation of connective tissue in the fibrous coat. This process continues all over the body with hardening of the tissues of the liver, brain, kidneys and all organs well supplied with arterioles; altered blood supply produces amaurosis and congestions with loss of functions to these vital organs.

The heart hypertrophies to compensate for the resistance increasing in the narrowed brittle arterioles. The strong, full pulse of a sclerosed artery is a diagnostic sign. If the condition is not remedied by glenoin, aconite or other arterial sedatives, apoplexy may suddenly end all, or the heart will weaken and cause blood stasis and general anasarca.

Diagnosis.—Differential between interstitial and parenchymatous becomes clear when we see by the microscope that in the latter there is a proliferation of the epithelial cells of the uriniferous tubules, plugging them up with epithelial casts, causing scanty urine and large, white kidney from thickening of the uriniferous tubules in the parenchyma of the kidney. In the former, interstitial connective tissue from the outer coat of the blood vessels, does not stop the secretion of water, but shrinks up the malphigian blood tufts from which is secreted the solid constituents of the urine. So we have copious flow of urine with retention of solids in the blood; and a contracted kidney with adherent capsule from fibrous inflammation.

The presence of casts in the urine of parenchymatous nephritis is diagnostic of the chronic or acute stage. When the casts are epithelial they indicate an acute proliferation of cells in the uriniferous tubules. When the casts are hyaline they indicate a chronic degenerative process which follows the subsidence of the acute stage.

The presence of albumen in the urine of interstitial nephritis indicates a progressive inflammation with diapedesis of white blood corpuscles through the diseased capillary walls to form new connective tissue from the fibrous coats of the arteries.

When the albumen is diminished or absent the inflammatory process is in abeyance and the disease is chronic.

*Read before the Western District Medical Society at Alton, October 27, 1905.

Interstitial nephritis is a degeneration frequently found in the aged, or those prematurely aged from disease.

The treatment of these symptoms of functional impairment of organs so vital is rest. The insufficiency of the liver and kidneys should be relieved by careful regulation of the diet and exclusion of the proteids of the animal kingdom. These are known to form poisons when not sufficiently oxidized by the liver.

The eminent scientist, Mechkinott, of the Pasteur Institute, Paris, France, has found a cure for old age. He says man is as old as his arteries. He recognized that the absorption of products of proteid metabolism, decomposed in the alimentary canal was the cause of the degeneration of his arteries when circulating in the blood. He has found lactic acid to be an efficient destroyer of pathogenic germs By a process of yeast fermentation he prepares milk in the form of kumiss to predigest the proteid of casein sufficient for his bodily nourishment. The lactic acid keeps the alimentary canal free from ptomain poisons.

Professor Neiswanger of the Chicago School of Electro-Therapeutics, has made the happy experiment of placing his nephritic patients on an insulated chair and giving them an electric bath from a static machine. Under this treatment the blood pressure subsides, and the albumen disappears from the urine.

When we recognize high blood-pressure with slow, full pulse and exaggerated second sound of an hypertrophied heart, with other evidences of uremic poisoning in our patients who are advanced in age we should warn them in time. Stop their meat and coffee, and call their attention to the proteid foods of the vegetable kingdom, which are so scientifically prepared, such as toasted wheat flakes of the Battle Creek Sanitarium.

After removal of the appendix symptoms of appendicitis sometimes persist, leading the patient to believe that the organ had not been extirpated. These are generally due to a colitis, which must be treated by high irrigations, diet, etc.

Treatment of Bubo.—Orville Horwitz directs to shave and sterilize the overlying skin; puncture and evacuate pus with a bistoury; irrigate cavity with hydrogen peroxide till washings are clear, then with 1:5000 bichloride solution. Next fill cavity with ten per cent iodoform in vaseline, apply a piece of ice over the part till the vaseline is hardened, and dress with a firm compress of gauze.

The Medical Fortnightly

Issued Tenth and Twenty-Fifth of Every Month.

Under the Editorial Direction of

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EDITORIAL

The Independent Medical Press.

It is imperative in this day of concerted effort in almost every line of business activity, for medical men to pause and consider the tendency of the times in their own individual field, which while strictly and essentially professional, must necessarily have in it some consideration of the commercial.

In this prelude we refer to medical journalism, which in its varied phases, presents one at this time, which we believe is not to the best interests of the profession as a whole. We refer to the tendency in certain quarters to give to those medical journals, the property of State or National organizations, a recognition beyond that of the independent medical press.

Medical journalism should be democratic; should be governed only by the broad principles of democracy and not hampered or circumscribed by "expediency" or "the fear of consequences."

Every editor should be broad enough, and so full of the desire to approach the ideal of truth, that he can serve the interests of the profession as a whole, and consequently without prejudice or partiality.

There is a place for such an editor, whether he edit a small journal, or one of larger caliber, and in him should be vested the eternal rights of liberty and the pursuit of happiness, for the profession which he represents. No one editor knows all of the needs of the profession; he of the larger journal is cosmopolitan in all of his aims, and perhaps he of the small journal is more or less provincial, but both should aim only at truth—live up to it, fight for it, and convince his respective readers that it is only right living, right

practices, which hold our profession together and make medicine a noble calling.

When we lose sight of ideals we fall into the way of error, which leads to the undoing of professionalism, unmakes brotherhood and leaves a dark brown taste in the mouth.

The independent medical press is free to move, free to speak and free to serve, and should stand for its own and make for itself the place it deserves—the leader of medical thought and the believer in an optimism which should make the profession grander and better.

It is said that one of the prime characteristics of the men of culture is his freedom from provincialism, his complete deliverance from rigidity of temper, narrowness of interest, uncertainty of taste and general unripeness. We think this quotation applicable as evidence in forming judgment of an ideal independent medical press. The greater the culture shown in its policies, the greater its usefulness, because it creates authority, raises standards, broadens experience, and approaches near to the ideal in truth and purpose.

Now one of the greater dangers of a state journal, in its editorial work is in its tendency to be governed by isolated policies, which, alas! may not be for the benefit of the profession as a whole, for we know that medicine as a profession is full of provincialism and is always substituting a part for the whole, much to the detriment of a broad, wide experience so necessary to the development of progressive reforms. A long experience, as we all know, counts in the weight or estimation of the balance of usefulness and equipoise of a man, and why should we not apply the same measure to the organization as a whole, especially to medical societies. If we do this it is to be expected that the independent cultured press of years of experience will draw a fairly rational, conservative view of the needs of the profession, recognize the value of its creeds and help in developing wise and true policies for the good of the profession.

We do not want to decry State journals, not at all, we believe in them as a part of the State society, for the publication of transactions and as a mouth-piece of the organization, but they can never take the place of the independent journal in the broad scope and fullness of the ultimate end of journalism. Some of the State journals, unfortunately, in some regions, pose too much as Philistines—in their infallibility, their blind partisanship and rather dogmatic tendency.

The aim and end of all journalism is truth, and medical editors should always have this fact fixed foremost in their mind. F.P.N.

Cancer of the Breast.

This disease presents many practical questions which are of especial importance to the physician. By the time they come to the surgeon they are already convinced in their own minds that an operation will be required. The physician should devise some plan of education by which the woman with the "lump" in the breast will place herself under early observation. The dreadful results of late operations have driven the women to secrecy or to the quack. It is for the general practitioner to lead them back to rational understanding of the benefits of an early operation. No one knows fully what the benefit of early operations would be. There have been too few opportunities for such operations to give us as yet reliable statistics. We do know in general that the results are infinitely better than those operated late after metastases have taken place and the disease is beyond the reach of any kind of operation or treatment yet devised. More than 80% of all tumors appearing in the breast are cancerous. Of these all will have metastatic recurrence if allowed to develop. These extensions will be in the glands of the axilla and neck and remote parts; in the thorax; in the abdomen; in the brain; in the spine; in the bones. Every such "lump" should be examined at once, and if there is the least possible doubt, it should be removed and a careful microscopical examination made. If this specimen is not unquestionably benign, the breast and axillary and clavicular glands with their contiguous fascia and muscle, should be removed thoroughly and completely. In advising such a patient we must keep in mind the terminal stages of these cases and often present them plainly and fully to the patient and family. No operation with any amount of loss of function of the arm or side can compare for a moment with the terrible ordeal through which many of these victims pass. An early, radical operation, as now performed, will lessen enormously the number of these cases, and will completely cure a much larger proportion than is usually supposed. C. E. B.

Blistering from Tincture of Iodine.—Claret (Journal de Medecine Interne; Revue Medico-Pharmaceutique) states that the application of starch, or even ordinary flour, with enough water to make a paste, will, when applied to the injured surface, form starch iodide, which is harmless to the skin.—N.Y. Med. Jour.

Clinical Aspects of Rheumatic Endocarditis.

Dr. J. D. Morgan calls attention to the necessity for greater care in the examination of patients having acute articular rheumatism in order to detect immediate or remote endocardial disease at an early date (Med. Record, Jan. 13). Both patient and physician he says, often remain long unaware of any cardiac lesion. An investigation of the records of several hospitals and dispensaries showed that about 51 per cent of cases suffering from rheumatism were systematically examined. The proportion of heart lesions following rheumatic attacks is about 50 per cent. Another feature of interest shown was the greater preponderance of rheumatic patients in dispensary rather than in hospital work owing to tendency of rheumatics to keep up and about as long as possible. While there were three times as many women with rheumatism in the hospital wards as in dispensaries, there were double the number of men seeking dispensary treatment for the same disease as there were in the institutions.

Phenacetin is said to be of value in the treatment of pertussis.

Hydrotherapy in Epilepsy.—Guy Hinsdale, Hot Springs, Va. (Jour. A. M. A., Jan. 20), reviews the literature regarding hydrotherapy in the treatment of epilepsy. In this country attention was first called to its value in this disease by Dr. Simon Baruch and the late Dr. G. W. Foster of the Government Asylum for the Insane. Systematic treatment by this method is being instituted in the New York State Asylum for Epileptics at Sonyea and the results are looked for with interest. Hinsdale believes that, as warm baths aid in the therapeutic administration of the iodides, they will also aid in the administration of the bromids. To some extent the treatment must of course be individual, and more benefit might be expected in cases of so-called idiopathic epilepsy, alcoholic epilepsy and in cases arising from intestinal intoxication than in focal or traumatic epilepsy. The difficulties in private practice also would be greater than in institutions, as long-continued, systematic treatment and unbounded patience will be required. Its value will be as an auxiliary method, modifying the dosage and aiding the action of the bromids. It will also be an excellent hygienic measure, favoring the action of the skin and improving the general tone of the system.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. By Prof. Dr. von Noorden, Physician in Chief to the City Hospital, Frankfort, A. M. Authorized American edition, translated under the direction of Boardman Reed, M.D., Part IV. The Acid Intoxications. New York: E. B. Treat & Co., 1905. (Price 50 cents.)

The author's volume on acid intoxications is well in keeping with the preceding three monographs on disorders of metabolism and nutrition. This part represents an excellent and timely study on autointoxication with acid products of metabolism, the sources and formation of acetone bodies, pathologic non-diabetic acetonurias, diabetic acidosis, and a chapter on therapeutic considerations.

O. E. L.

LECTURES ON AUTOINTOXICATION IN DISEASE, OR SELF-POISONING OF THE INDIVIDUAL. By Ch. Bouchard, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated with a Preface and new Chapters added by Thomas Oliver, A M., M.D., F.R.C P., Professor of Physiology, University of Durham, etc. Second Revised Edition. Crown Octavo, 342 pages. Philadelphia: F. A. Davis Co., 1906, (Extra Cloth, price, $1.00, net.)

This compact and up-to-date volume, so excellently written, deals with the subject of autointoxication in thirty-two lectures with an appendix of two chapters by the translator, embracing a comprehensive consideration of the natural defenses of the organism against disease and autointoxication of intestinal origin. Dr. Bouchard gives at length the views of other authors, but forcibly states his own convictions. The book, although dealing with a subject still somewhat in obscurity, contains much information of every day interest to the general practitioner. A perusal of its contents will intimately acquaint the readers with an intelligent understanding of the process of metabolism and elimination, a subject of the utmost importance nowadays for the successful management of many diseases. This edition should increase the popularity its predecessor has enjoyed.

O. E. L.

PHYSICAL DIAGNOSIS, INCLUDING DISEASES OF THE THORACIC AND ABDOMINAL ORGANS. A Manual for Students and Physicians. By Egbert LeFevre, M.D., Professor of Clinical Medicine and Associate Professor of Therapeutics in the University and Bellevue Hospital Medical College, etc. Second Enlarged and Revised Edition. Illustrated with 101 Engravings and 16 Plates. Philadelphia and New York: Lea Brothers & Co., 1905. (Cloth, $2.25, net.)

Dr. LeFevre's splendid work is a representation of years of clinical experience and teaching. The second edition is constructed on the same plan as its predecessor. The five parts of its contents are as follows: Part I gives an accurate and concise description of the topographical and relational anatomy of the thoracic and abdominal viscera. Parts II, III and IV respectively take up inspection, palpation, percussion and auscultation

of the respiratory, circulatory and abdominal organs, together wtih a comprehensive consideration of the kindred diseases. Part V considers the fundamental principles of flouroscopic examinations. The thorough revision, with the many newly added illustrations materially increase the scope of its usefulness. The volume is deserving of the highest commendation to both student and busy practitioner. O.E.L.

THORNTON'S POCKET MEDICAL FORMULARY (heretofore known as The Medical News Pocket Formulary) new (7th) edition, revised to accord with the new U. S. Pharmacopoeia, containing more than 2,000 prescriptions with indications for their use. In one leather bound volume. Philadelphia and New York: Lea Brothers & Co., publishers, 1906. (Price, $1.50 net.)

The changes in the new Pharamcopoeia were many and important. Some medicinal preparations were nearly doubled in strength and their doses proportionately reduced; others were much weakened and doses increased. Hence the new edition of Dr. Thornton's Formulary, revised not only to include all the newer drugs, but also to accord with the new Pharmacopoeia, appears most timely and its importance is obvious.

It is not presumable that any physician will depend entirely upon a pocket formulary in treating his patients, but that there is a broad and legitimate field of usefulness for works of this character is self-evident. Even the best informed physician may at times overlook an appropriate drug, and a young practitioner will perform his duty better, both to his patient and himself, if he has at hand the collective experience of the profession.

The opportunity for frequent revision is obviously of special value in the case of works dealing with a subject which advances so rapidly as therapy. In each of the seven editions which have now been demanded the author has striven to embody the latest and best information, so that the profession may consult this handbook with confidence of finding it always up-to-date.

Thornton's Formulary, besides being accurate, trustworthy and up-to-date, affords other advantages which can be found in no other book of its nature.

It is arranged alphabetically and the best therapeutics of the masters is therefore instantly and handily at command in its pages. A peculiar and valuable feature is found in the discriminating annotations. The various stages and complications of disease require treatment adapted to the conditions they present, and rational and successful therapeusis must recognize this fact. In a few clear words Dr. Thornton points out the special utility of each of the various prescriptions recommended under the headings of the respective diseases. The book opens with 16 pages of useful data, such as incompatibles, poisons and and a table of maximum and minimum doses. With this handy volume in his pocket, the practitioner need never feel at a loss for a pertinent suggestion.

DISEASES OF THE SKIN. A Ready Reference Handbook of Diseases of the Skin. By George Thomas Jackson, M.D., Chief of Clinic, and Instructor of Dermatology, College of Physicians and Surgeons, (Columbia University), New York. Fifth edition, enlarged and thoroughly revised. In one 12mo volume of 676 pages, with 91 engravings and 3 colored plates. Philadelphia and New York: Lea Brothers & Co., 1905. (Cloth, $2.75, net.)

The value of this volume lies in the clearness of its diagnosis and symptomatology and in its excellent therapeutic recommendations. The alphabetical arrangement also renders it especially valuable as a reference book for the busy practitioner and the student. This edition has been thoroughly revised and brought fully up-to-date. Several new sections have been added, and others rewritten and amplified. The appendix, containing formulae for baths, lotions, ointments, etc., is excellent, and will be found often to be a friend in need to the busy physician. The Therapeutic Notes on the newer remedies in dermatology are, also, of special value, as furnishing a reliable guide in this perplexing and constantly changing field. New editions by this author are always valuable and welcome.

THE NEW UNITED STATES PHARMACOPOEIA makes many changes in the strength of drugs and preparations, reducing some, increasing others as much as double. The law recognizes the current U. S. Pharmacopoeia as the standard. To avoid accidents and damage suits on the one hand, and puzzling lack of results on the other, both the druggist and doctor must follow the same standard. As a convenient pocket reminder of these changes, the importance of which must be at once obvious to every physician and pharmacist, Messrs. Lea Brothers & Co., the medical publishers, of 706-8-10 Sansom street, Philadelphia, and 111 Fifth Avenue, New York, have issued for free distribution a carefully prepared leaflet giving an alphabetical list of the important changes. The strength of each preparation listed is given as in both the old and the new U. S. P. To aid in preventing untoward or negative results in the use of powerful drugs this leaflet will prove handy and valuable. A postal card request will bring a copy to any physician, druggist, student or nurse.

NEW CATALOGUE.—We have just received from W. B. Saunders & Company, of Philadelphia, the widely-known medical publish-

ers, an unusually attractive illustrated catalogue of their complete list of publications. It seems to us, in glancing through this catalogue, that a list of the Saunders' authors is a census of the leading American and foreign authorities in every branch and specialty of medical science. And new books are being added and new editions issued with a rapidity that speaks well for the success and progressiveness of the house. While comparisons are always odious, still we feel it but justice to say that, in the presentation of facts about the books listed that a probable buyer wishes to know, and also for beauty and durability of mechanical get-up, this catalogue surpasses anything we have heretofore seen. It is truly representative of the house. We advise our readers to write for a copy, as it is educational in itself.

Dr. Mitchell's New Novel.—Dr. S. Weir Mitchell, whose "Hugh Wynne," "The Adventures of Francois," and "Constance Trescot" are read wherever American literature is known, has written a new novel. It is called "A Diplomatic Adventure," and the first chapters will appear in the February Century. The opening sentences, quoted from advance sheets, give an idea of scene and setting: "No man has ever been able to write the history of the greater years of a nation so as to include the minor incidents of interest. They pass unnoted, although in some cases they may have had values influential in determining the course of events. It chanced that I myself was an actor in one of these lesser incidents, when second secretary to our legation in France, during the summer of 1862. I may possibly overestimate the ultimate importance of my adventure, for Mr. Adams, our minister at the court of St. James, seems to have failed to record it, or, at least, there is no allusion to it in his biography. In the perplexing tangle of the diplomacy of the darker days of our civil war, many strange stories must have passed unrecorded, but surely none of those remembered and written were more singular the occurrences which disturbed the quiet of my uneventful life in the autumn of 1862."

Retropharyngeal Abscess.—This is marked by constant, deep-seated, boring pain, and by a bright red, fluctuating, glazed swelling in the median line, or soft, diffuse purulent infiltration. The treatment, according to Price-Brown, is to open the abscess at once through the pharynx, in the most dependent portion as a rule. The swollen and inflamed tissues may be sacrified before pus is discovered. After evacuation in children, apply tincture of iodine, to swollen glands.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

OTOLOGY.

ALBERT F. KOETTER, M. D.

A Contribution to the Expert Opinion of the Aurist in Cases of Injury.—Julius Springer calls attention to the fact that in traumas of the head there may be severe disturbances on the part of the ear without outward visible signs of injury to the ear (hemorrhages) and emphasizes again the proposition also put forward by the neurologists, to make an otoscopic and functional examination of the ears immediately after the injury, as the connection between the ear trouble and the trauma is more difficult to prove as the time of the injury lapses. The daily observation of the aurist may show the existence of an ear trouble dating from early childhood, even more often a chronic middle ear suppuration with considerable unilateral deafness unknown to the patient and the injury may bring it to his notice, in fact calling attention to all disturbances of his health. In the functional examination there is besides the testing of the hearing, the examination for possible disturbance of the static function is not to be neglected, as in the question of being able to earn a livelihood, the deafness is of minor importance as compared to the inability to work which is caused by intense disturbances of equilibrium, especially in those people who do their work in a standing position, or with the body bent forward. In how far the gaining of a livelihood is influenced by the deafness, depends on the degree of the deafness and the profession of the injured individual (railroad man). The injury to the gaining of a livelihood in a unilateral deafness with other ear normal, the author, in contrast to Passow, thinks is very slight. The examination of the hearing by means of speech must be supplemented by an examination with the continuous tuning-fork series, in many cases there may be relatively good hearing for the whispered voice and still be defects in certain tones, viz., the high octaves, that may give the examiner certain diagnostic support. In examination for disturbances of equilibrium one must not forget that these often appear after bodily exertion, running, stooping, etc., and may be absent during quiet. Labyrinthian vertigo must not be confounded with certain phenomena that point to an increased psychic stimulation, which the author thinks an expression of a traumatic neurasthenia; the patient while standing with eyes closed, or in fixing his

eyes on an object held above or laterally becomes agitated, the face becomes hyperemic, the eyes take on a staring expression, the head, and later the whole body trembles, excessive perspiration, at the same time a depressive state, finally crying, after a long rest in a sitting or recumbent position these symptoms disappear and a normal condition returns.

Operative Treatment of Acute Otitis Media.—Chevalier Jackson (Laryngoscope) reported twenty-two cases of acute otitis media purulenta, on which he operated without any signs of mastoid involvement, and with good result in every case even as far as the hearing is concerned. He opens the mastoid, even in the absence of mastoid symptoms, under the following conditions: 1. When there seems no indication of discharge ceasing after eight weeks treatment. 2. When occasionally rise in temperature appears, irritable disposition, nausea, faetor, etc. 3. While the social position of the patient makes it possible for the ear trouble to become chronic, owing to neglect. 4. In severe suppuration that threatens the hearing, or even the life of the patient, making delay dangerous. 5. If by swelling of the canal it is impossible for the discharge to drain through the canal. 6. If patient intends to take an extensive journey, viz., ocean voyage. 7. If cerebral or labyrinthian symptoms are present. Even if there is no extension of the suppuration to these parts, drainage from behind the ear will rapidly dissipate the danger. By doing this he reaches the following results: 1. Rapid recovery. 2. Avoid chronic suppuration. 3. Avoid permanent perforation of tympanum. 4. Guard against empyema of mastoid process. 5. Guard against intracranial pyogenic infection, danger to life. 6. Preserving the hearing. 7. Guard against tormenting noises. As illustration author reports history of four cases: 1. Fatal meningitis five weeks after beginning of an acute otitis media without any symptoms on the part of the mastoid. 2. Case of facial paralysis, otorrhea, necrosis of ossicles, deafness, lack of development in body and intellect in child of eight suffering with chronic suppuration following an acute otitis media developed eighteen months ago. 3. Girl of fifteen, daughter of a surgeon, with post scarlatina suppuration existing nine weeks without any tendency to improve. After opening mastoid discharge ceased and wound healed in four weeks. 4. Man of twenty-eight, severe acute otitis media, headache, vertigo, unconsciousness, temperature 103 deg. F., pulse 110, respiration 26. No symptoms on the part of the mastoid. Opening of the mastoid, no signs of pus. The vertigo disappeared immediately after the other symptoms had disappeared before the operation by rest in bed. The discharge ceased after ten days. Healing of the wound in five weeks. Hearing normal, no tinnitis.

Middle Ear Suppuration in Diabetes.—(Grossmann, Internat. Centralblatt für Ohrenheilkunde.)—In Lucae's clinic there have been admitted since its existence ten cases of middle ear suppuration in diabetics. Of these nine were acute middle ear suppurations, and one an acute exacerbation of a chronic suppurative condition. In one case both mastoids were opened Author gives history of cases and then discussed them individually. He follows with an explanation as to which position may be taken in order to get a clear picture of the course of middle ear suppuration in diabetics, and a proper relation of cases of diabetes which came to mastoid operation, as compared to operative cases in non-diabetics. According to the experience of the Berlin clinic there were 22.7% of operative cases in diabetics as compared to 56.3% in non-diabetics. Grossman arrives at the following conclusions: 1. A particular frequency of middle ear suppuration in diabetes cannot be proven clinically. 2. But an otitis media in diabetics leads more often to disease of the mastoid process than in non-diabetics. 3. The cause is not due to an individual local disposition, but due to the decreased powers of resorption and a greater decline of the mucous membrane, early arteriosclerosis in diabetes, and a change in the composition of the fluids. 4. A characteristic form of mastoiditis diabetica does no exist. 5. Operative interference is as a rule borne well, even though the prognosis must be guarded.

Scopolamin Narcosis in Ear Surgery.—(Springer.)—This work, the result of a large experience, 120 cases of narcosis of this kind gives a critical review of a large number of cases observed, with disturbance or interruption in the narcosis and some new signs for the performance and indication of the Schneiderlin process. Care should be taken not to administer too large doses of morphine, and precaution in patients whose heart muscle is not intact, fatty degeneration of the heart. It is in just these cases that care must be exercised, after general anesthesia appears, not to inject any more of the drug. This latter condition is reached when the sensibility of the lining membrane of auditory canal has disappeared.

Diabetes has been treated successfully with a diet of pure buckwheat flour.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Chronic Discharge in Organic and Functional Disorders of the Deep Urethra; Diagnosis and Therapy.—J. M. Thompson (Med. Rec., Dec. 30, 1905) devotes the first part of his long paper to a general consideration of the factors involved in these disorders of the posterior urethra, and points out some of the reasons that make their treatment difficult. He divides the processes of this region that are characterized by persistent or periodic discharge from the meatus, or appearing in the urine, into the organic and the functional affections. In the former group are classed chronic posterior urethritis, chronic prostatis, chronic seminal vesiculitis, and chronic cystitis—processes that follow a history of simple or specific inflammation of the urethra due to the gonococcus, pus organisms, traumatic, and toxic sources. No matter how closely the discharge may resemble that in the functional disorders, it is to be remembered that pus is the distinguishing element. The functional disorders include urethrorrhea, prostatorrhea, spermatorrhea, and phosphaturia, all of which result from what may be termed abnormal physiological activity, due to sexual continence, excess, indiscretion, or persistent ungratified sexual desire. The functional types are non-inflammatory, and pus is not present in the discharge, whether it appears at the meatus or in the voided urine. Each of the four organic conditions is then discussed in connection with the corresponding functional disorder that simulates it, and in this way the differential diagnosis is elucidated. The treatment of each group is then described. In dealing with the functional disorders the author lays more stress on the personality of the physician and general hygienic rules than on purely medicinal agents. Massage and the cold steel sound are valuable measures in the later stages of the cure. The following plan of treatment for the organic lesions is first outlined and then amplified in detail: (1) Gradual dilatation with steel sounds; (2) copious irrigation with dilute solutions (pure astringents, pure antiseptic, or antiseptic and slightly astringent); (3) topical applications with concentrated solutions (same as in 2); (4) internal urinary antisepsis; (5) meatotomy when the meatus is constricted, and to permit proper dilatation; (6) massage of prostate and seminal vesicles; (7) administration of oleoresins for acute exacerbations and relapses (8) hydrotherapy, electricity, medicinal tonics, reconstructives, etc., p. r. n. Drawings of the microscopical structures to be found in the urethral secretions, and illustrative case histories are appended.

Antigonococcus Serum.—J. C. Torrey, New York City (Jour. A. M. A., Jan. 27,) gives a preliminary report of good results in the treatment of gonorrheal rheumatism with an antigonococcus serum made by the inoculation of large rabbits with cultures from an acute, untreated case of gonorrhea. The best serums were obtained by inoculations at intervals of five or six days with cultures from six to fifteen days old. The rabbits were always inoculated intraperitoneally. While he thinks that the most important factor in the good results obtained with the serum is its bactericidal action, he is inclined to believe that there is also an antitoxic action. Experiments with guinea-pigs seemed to indicate this, and clinical evidence also pointed the same way. In some of the cases of gonorrheal rheumatism treated with the serum there was a decrease of pain in the joints within twenty-four hours after the first administration, and this seems most reasonably explained by a neutralization of some of the gonotoxin. Mainly, however, the serum acts, in his opinion, by destroying the bacteria. It seems possible, he says, that it supplies enough immune bodies to dispose of the comparatively few gonococci in the chronic forms of the disease, though not enough to bring about the destruction of the great number of gonococci that are present in the the urethra in acute gonorrhea. Experimental evidence fully to substantiate this theory is yet lacking. The serum, however, has been found to contain both precipitins and agglutinins for the gonococcus.

Observations on Nephroptosis and Nephropexy.—Arnold Sturmdorf (Med. Rec., Jan. 13, 1906) considers that vices of skeletal conformation play an important part in the production of nephroptosis. Omitting theoretical consideration, he says, normal kidney support may be practically defined as the resultant of two essential factors, a retaining pressure of adequate intensity and a receptacle of accurate conformation. The retaining pressure is exerted by the normal tension of the general peritoneal sac applied to the anterior kidney surface in the manner of an inflated cushion, propping the organ against its receptacle. This pressure is reflexly regulated by the activity of the abdominal muscles. The receptacles applied to the posterior kidney surface are formed by the declivity existing on each side of the anterior aspect of the lower dorsal and upper lumbar spine. They are funnel-shaped recesses, narrow below in the male, more cylindrical and shallow in women, a

peculiarity more marked on the right side and appearing with the broadening of their pelvis at the advent of puberty. Deviations in the conformation of these receptacles from the lines of the posterior kidney surface constitute the main predisposing factor in the production of nephroptosis. The causes of such deviations are embraced in the whole category of congenital and acquired skeletal abnormalities. The treatment should, therefore, in many cases have been begun in the developmental period of the osseous framework. The restoration of normal internal as well as normal external conformations should be our orthopedic aim; the organic and functional spinal deviations of early life, the infantile paralyses, the muscular and ligamentous insufficiencies should receive consideration from the point of normal internal as well as external topography. Much is being accomplished in the correction of external skeletal abnormalities; much may be accomplished by attention to the visceral displacements induced by such abnormalities. Kidney dislocations once developed, nothing short of surgical fixation will re-establish its normal stability. Palliative treatment undoubtedly yields results, but of temporary duration.

Congenital Stenosis of the Urethra.—Faxton E. Gardner (Med. Rec., Dec. 23, 1905) says that this malformation is much commoner than one would be led to suppose from the very scanty literature of the subject. Foisy, in a recent thesis collected 104 cases, and now the reported instances of the condition have reached a total of 110. The author outlines the development of the urethral canal, and says that the chief points to be borne in mind are the following: (1) The urethra is formed by three embryological portions: (a) the posterior urethra developed from the urogenital sinus, and separated from the next portion by the cloacal membrane; (b) the spongy portion developed from the urethral groove and closed during the first stages of its development by the cloacal membrane, at its posterior extremity, and the epithelial wall of the glands, at its anterior; (c) the balanic portion developed independently. (2) The spongy and the balanic portions; i. e., the whole anterior urethra are not derived as the posterior, from a hollow embryonic organ, but on the contrary develop in a solid, continuous mass of epithelial cells. It is therefore not surprising that congenital strictures are more common in the anterior than in the posterior urethra. The symptoms are then described at length, and it is stated that nocturnal incontinence and diurnal frequency of micturition are characteristic features. Incontinence in children, if not accounted for by some evident external malformation, is frequently due to a congenital stricture and not to "essential incontinence," or to "congenital irritability," as it is usually alleged. In adults every stricture is not necessarily the result of trauma or gonorrhea, and gonorrheal strictures develop much more quickly on the basis of an already existing congenital stenosis. The treatment is gradual dilatation, only rarely is it necessary to resort to internal or external urethrotomy.

Antigonococcus Serum in Gonorrheal Rheumatism.—Prefacing his remarks with a general description of gonorrheal rheumatism, its peculiaritis, etc., J. Rogers, New York City (Jour. A. M A., Jan. 27), reports a number of cases successfully treated by the antigonococcus serum made by Dr. John Torrey and elsewhere described by him. The ordinary treatment is notoriously unsatisfactory, and while the serumtherapy has its limitations like all others, it appears to be a real benefit in these cases. It should be remembered, however, that it has little or no effect on existing urethritis, and so long as any traces of this persist there is danger of a recrudescence of arthritic symptoms. He calls attention to some of the difficulties of diagnosis, especially in women, in whom it is often undetected, and states that the use of the serum may be of value, as it will relieve the pain in a few days if the patient is gonorrheal. The possibility of a complication by another infection must of course be considered, but most joint and serous membrane affections occurring in the course of a gonorrhea can usually be attributed to the gonococcus. In any suspicious case he advises the injection of from 20 to 60 minims every day or every other day, beginning as soon as possible after the arthritic symptoms appear and continue as long as the pain and disability last. Aside from an occasional erythema, he has observed absolutely no ill effects. The earlier the disease is recognized and the treatment commenced the better of course are the results.

A Non-Operative Method of Treating Prostatitis.—W. Benham Snow (Med. Rec., Jan. 10, 1906) says that he has treated about forty cases of prostatitis in patients of different ages by means of the static wave current and vacuum tubes. In no case has there been failure to produce some degree of improvement, and in 75 per cent of the cases so treated there has been complete relief from the symptoms and a cessation of the disposition to relapse. The technique of the method is described and several especial electrodes devised by the author are figured.

He attributes the effect of the treatment mainly to the mechanical contraction produced and arrives at the following conclusions: (1) Where simple congestion is present in the early stages of the affection the relief is prompt; (2) when the gland has been enlarged for a number of years with resulting infiltration and development of vesical irritation and obstruction of the urethral passage, the lesion is capable of being abated and the congestion relieved with the absorption of infiltrated exudates, the hyperplastic tissue only remaining; (3) in the aged, in whom the gland has become greatly enlarged, and is dense and hard from the growth of hyperplastic fibroid tissue, the inflammatory process will be abated, affording a degree of relief to the obstruction commensurate with the site and extent of the inflammatory process. The dilatation of the bladder which has intervened may be greatly relieved and cured in most cases by the persistent application of the electrical current over the pubis and by an electrode carried high into the rectum and pressed forward against the bladder, together with judicious washing of the bladder and the use of strychnine. The current applied in this manner induces temporarily contraction of the muscular coats, and finally restores sufficient tone to enable the organ completely to empty itself.

Ergot is said to be our best remedy in epidemic cerebro-spinal meningitis.

Toothache.—H. B. Ray gives the following advice on the treatment of toothache by the practitioner: Toothache is essentially an inflammatory condition, and in 99 per cent of the cases there is a cavity in the tooth. In those cases where there is a cavity, but no nerve exposure, the treatment is simple—apply a sedative and exclude the secretions of the mouth from the cavity; prompt relief will follow, and then advise the patient to visit a competent dentist. A very effective agent, and one always at hand, is the oil of cloves. It should be applied by saturating a pledget of cotton with the remedy and introducing it into the cavity with a toothpick or other pointed instrument; that being done, the secretions are kept out by filling the cavity with a little beeswax, a household remedy always at hand. The wax can be applied by warming over a lamp on the point of a knife and forcing into the cavity. The wax filling serves not only the purpose of keeping the secretions of the mouth out, but prevents thermal changes from affecting the nerve when hot and cold things are taken into the mouth.—Southern Clinic.

FAVORITE PRESCRIPTIONS

For Epistaxis.—

℞ Adrenalini chloride..... gr. ss
Acid boraci..... gr. xlv
Aquae cinnamoni.....
Aquae camphorae.....aa 3x
Aquae destillatae, q. s. ad.... ℥iij

M. Sig.: Instill into nostrils with a dropper.—Med. News.

For Flatulence.—Wein. Therap. Zeit., Le Progrés Medical for September 2, 1905, gives the following formula:—

℞ Sodium bicarbonate.....
Magnesium carbonate.....aa 4 grams.
Rhei pulv.....
Oil of fennel.....
Oil of caraway.....
Oil of peppermint.....aa 2 grams.

M. Make twenty pills, two to be taken after each meal.

Psoriasis.—Shoemaker recommends the following application locally in the treatment of psoriasis:—

℞ Acidi salicylici.....
Sulphuris sublim.....aa 3j
Olei eucalypti..... 3ss
Ung. aquae rosae..... 3j

M. ft. unguentum.

Sig.: Rub a small amount in well on the patches.

Internally, he recommends:

℞ Creosoti..... *m*ij
Pepsina (scale)..... gr. ij

M. ft. capsulae no. j.

Sig.: One capsule three times a day, after meals.

He also recommends chrysarobin in the treatment of psoriasis, combined as follows:

℞ Olei cadini..... 3ss
Chrysarobini..... gr. xx
Ung. zinci oxidi..... 3j

M. ft. unguentum.

Sig.: Apply locally to the affected areas. —Jour. A. M. A.

For diarrhea due to exhaustion after fevers, Dr. Waring recommends nux vomica with opium and iron.

Chronic Urticaria or Hives.—Ichthyol in from 1 to 2-grain doses to children and 5 to 6-grain doses to adults relieves and cures. At the same time an ointment should be applied to the affected parts, or even all over the body. The strength of the ointment should be about 2 drachms of ichthyol to an ounce of petrolatum in children, and ½ ounce of ichthyol to 1 ounce of petrolatum for adults.—Medical Summary.

SPIRIT OF THE MEDICAL PRESS.

Diet in Nephritis.—F. C. Shattuck, Boston (Jour. A.M.A., Jan. 6), lays down the following as the leading principles pertaining to the dietetic treatment of nephritis: 1. Such control as we may have today of nephritis lies in diet and mode of life rather than in drugs. 2. Such drugs as are usful are so in their effect on the general organism and the heart rather than on the kidneys directly. 3. In all cases of nephritis the main aim is to spare the kidneys unnecessary work, remembering that the urinary system is but one, of the many, making up the body. 4. In acute nephritis, as well as in the acute exacerbations of the chronic form, Doctors, Diet and Quiet should work together. Starvation for a few days, regulated by the intensity of the process and the strength of the patient, is the keynote here. 5. In the chronic forms the aim is to lengthen life. Especially in the contracted form of kidney disease, many years of life and comort may depend on the physician's skill in adapting sound principles to the particular case and in securing the co-operation of the patient in persistently carrying out the directions given. Dietary restriction should, in the main, be quantitative rather than qualitative. Alcohol in moderation is not necessarily a poison and may be an aid to digestion. 6. The excess of proteid, not proteid itself, is harmful to the chronically sick kidney. 7. A varied diet is more likely, than a monotonous one, to promote the making of good blood and improving the general nutrition, and that of the myocardium in particular, 8. The amount of albumin is in itself no guide as to the extent of dietary restriction. Shattuck remarks the advisability of a relatively dry diet in dropsical cases, proportioned to the degree of dropsy, he thinks physicians have erred in forcing water, and that the main service von Noorden has rendered is in advocating the limitation of liquids.

Eyes and Ears that Might be Saved; an Appeal to the General Practitioner. —Samuel S. Wallian says that patients suffering from atrophy of the optic nerve or loss of the special senses, should be under the care of the general practitioner, because these subjects are, with few exceptions, the victims of some form of dyscrasia. This may be from accident from constitutional or specific infection, or from one or more bad hygienic habits. Nearly all of them are badly nourished, usually in the sense of being injudiciously fed. The general practitioner can temporarily ignore the local trouble and investigate the general and special condition of the patient's entire organism. The author discourages the use of mydriatics or repeated ophthalmoscopic examinations once the diagnosis is made. The proper dietary is described at length. The food should be rich in phosphates and should contain much refuse. The husk of the grains, especially of wheat, fulfills both requirements. Drinking large amounts of distilled water is also recommended. Turkish baths, especially with the electric cabinet instead of the ordinary hot room, are useful, and alcohol and narcotics must be prohibited. Drugs are of little use; the iodides are usually disappointing, but catophorsis and external applications may be used with more assurance. To arouse the dormant, debilitated nerve the violet ray, high frequency current, and mechanical vibration are of service, but their use requires careful analysis of each case.—Medical Record, January 6, 1906.

Earache.—Albert Bardes emphasizes the fact that the importance of this symptom is still not recognized as it should be by either the laity or the profession, and he discusses the nature, etiology, and symptomatology of middle ear infections. Of the treatment he says that as soon as earache begins the patient should be kept quiet, put to bed and placed upon a fluid diet and in other ways treated as we would treat a patient with a high fever. The bowels are to be kept open and a single dose of morphia may be given to insure rest and comfort. Dry heat or else an ice-bag can be applied to the ear. The former is more acceptable to most patients. Every three hours the ear should be gently irrigated with a hot solution of bichloride 1 to 5,000 after which a few drops of a 12% solution of carboeglycerin can be instilled. Under no consideration should a person be be allowed to suffer pain longer than twenty-four hours. If the pain continues and the drum-head is inflamed and distended palliative measures are worse than useless and any attempt to abort the inflammation by means other than surgical is dangerous and valuable time is lost in so doing. In bulging drum-head should be treated in the same way as a septic formation in any other place. It should be freely incised rather than simply punctured or allowed to break.—Medical Record, January 20, 1906.

Thigenol is described as the sodium salt of the sulphonic acid of a synthetic sulpho oil, and has the same therapeutic action as ichthyol, but without its odor and staining qualities.

CLINICAL THERAPEUTICS

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REST AND TREATMENT.

It is important for every physician to appreciate the therapeutic value of rest, and to remember, as Sir Lauder Brunton expresses it, that "in the case of every organ of the body we find that rest is one of the greatest boons when disease is present."

However, rest is not the only consideration which is demanded, for as Brunton further says, "Rest will not do everything you want, and one must use alone with it various indicated remedies." This implies that we must study the indications for remedies which go along with the conditions in which rest is to be a therapeutic agent. Rest is a remedy near at hand, and yet it is not honored as it should be and too often the drug remedies are ingloriously depended upon, whereas the happy combination of both brings about a consummation devotedly to be wished

Rest is apt to be the dream of the housewife; the speculation of the overworked business man; the hope of the tired school girl and willing boy. All are waiting for that tomorrow (which will never come) when they can rest and recuperate from the abnormal fatigue to which they are subjected.

In the meantime the daily grind goes on, the reserve of energy decreases and ere long a receiver must be appointed to care for the bankruptcy in which they find themselves. The good fat and blood has gone and not until regeneration succeeds the degeneration, will their function of health be recuperated. The blood state must be investigated, as it is the remaining asset upon which must rest the future of the patient. It must be built then, "and not till then" will fortune smile on the unfortunate victim of abnormal fatigue Denurtition must cease, good blood and honest fat must become real factors in recuperation.

To secure this desired end rest and other proper remedies must be sought. In the overworked, nervously exhausted mother and housewife, with all of her attending woes, worry, insomnia, loss of appetite, constipation and naturally concomitant loss of weight, we find anemia, causing starvation to nerve centers and the whole range of possibilities which can originate from this deplorable state. The same applies to the strenuous girl and adolescent young woman where the daily generation of nerve energy is used in her endeavors to keep in line with her fellows in school and social work. Then again, in the business man who in his routine gives little thought and consideration to that inevitable fate which awaits him, if he does not let up on the strain which is his daily portion for days of the week.

These individuals are familiar patients to all physicians and demand intelligent and thoughtful consideration of their needs from the physician. Rest is of course of paramount importance, but more is needed, and when the routine is established, wherein rest, feeding, massage, etc., are given their just demands, then must be considered appropriate medicinal measures, calculated to insure help to the blood forming functions of the body. It is here that the well deserved and valuable combination pepto-mangan (Gude) is of inestimable help and service. First, because it is tolerated by the stomach and the ingredients being assimilated go to stimulate the hematopoietic organs, and thus improve the quality of the blood. It is especially indicated in all cases where anemia is a feature, and if given with care and consideration for the end to be desired, it is of great value.

The results justify the assertion that this combination of iron with manganese will produce lasting results upon the blood, thus increasing its power and efficiency to restore normal functions to all of the organs of the body, overcome the effects of abnormal fatigue, and increase the whole range of energizing influences so essential to physical and mental welfare. Few physicians appreciate what can be done with the combination of pepto-mangan (Gude) with rest, in the class of cases, thus mentioned. To secure results, a definite routine must be established and faithfully carried out, the physician all of the time remembering that it is keeping everlastingly at it that wins the race in the treatment of such cases.

In the palpitation accompanying dysmenorrhea, cactus will give you speedy relief.

A chloral solution kept constantly applied to a boil is said to be of great advantage.

For Urine in the Toxemias of Pregnancy.—In eclampsia, says Williams (Surgery, Gynecology and Obstetrics), the total amount of nitrogen is greatly diminished, while the ammonia coefficient remains practically normal. In vomiting (acute yellow atrophy), on the contrary, in spite of the scanty amount of urine, the amount of total nitrogen remains approximately normal, while the ammonia coefficient is wonderfully elevated (from the normal 3 or 5 per cent to as high as 46 per cent of the total nitrogen).

THE MEDICAL FORTNIGHTLY

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The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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MEDICAL MISCELLANY

THE DIAMETERS OF THE NORMAL AND THE PHTHISICAL CHEST.—From a study of the chest measurements of 502 normal individuals and in 54 tuberculous cases, using bony landmarks for locating the length and diameters of the chest, W. A. Bessesen, Chicago (Jour. A.M.A., Dec. 30), deduces in substances the following conclusions: 1. The use of bony landmarks for locating chest diameters is accurate and easily applied. 2. The use of median values for evaluating antropometric data saves time and the results are more accurate than the arithmetical average. 3 Important points in the shape of the chest, as well as the movments and capacity may be appreciated by observation of its principal diameters. 4. The development of the human chest passes through various stages from the deep or dorsoventral to the broad or transverse type. 5. In the fetus and young babe, the lower plane gives a greater depth and breadth than the midplane. 6. The fetus under 30 centimeters in length presents a dorsoventral type of chest —it is deep chested. 7. The new-born child represents the transitional type of chest—it is round chested. 8. During the first five years of life the most notable change is the rapid widening of the chest in its transverse diameter—it becomes broad chested. 9. At puberty the chest takes on an increase in length over the diameters—the adolescent becomes long chested. 10. From the eighteenth to the twenty-fifth year the development of the chest is fairly uniform in all its dimensions and represents the highest development—the broad long chest. 11. The dorsoventral diameter increases at an even rate from birth to maturity. 12. The phthisical chest of adult fears, in general, shows an arrest in development of the transverse diameter following puberty. 13. The phthisical chest is a narrow one, tending to the rounded form, with a relative elongation.

OBSTRUCTING THE WORK AT PANAMA.—The country at large, understanding somewhat of the sources of the current attempts to discredit and thwart the President's policies, will not be surprised at anything that may be said regarding what has thus far been done on the Isthmus of Panama. Three facts may be asserted: (1) We have entered upon a gigantic undertaking; (2) we have made the President responsible for it; (3) there have been no mistakes that need arouse suspicion or cause anxiety. The original form of the Canal Commission was not well adapted to produce results. The President reorganized the commission in such a way as to make it more effective. He took steps to provide for a stable currency on the Isthmus, because this was a necessary business proceeding. There are obstructionists in the Senate who criticise the President for having done these things well, because they hold that he did them without specific authority of law. What the President has been trying to do has been to exercise good faith the authority conferred upon him to proceed with the work at Panama. And he has taken it for granted that the greater authority included the less. In other words, since the law has given him full authority to proceed, it is fair to assume that his authority includes the right to do those things in detail that are indispensable to the main undertaking. There will be canal investigations and interminable criticism at Washington, but the public may rest assured that President Roosevelt, Secretary Taft, Chief Engineer Stevens, and Chairman Shonts of the Canal Commission, with Judge Magoon as minister to Panama and governor of the canal zone, are doing their work with rare intelligence and fidelity. The people of the United States are very lucky, indeed, to have this canal undertaking in such competent hands. Congress has a perfect right to investigate and criticise, and it has unquestionably the power to obstruct the canal work. In the not very distant future there will be a special message to Congress dealing with the question whether or not the canal should be sea level or be built with locks.—From "The Progress of the World," in the American Monthly Review of Reviews for February.

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MEDICAL MISCELLANY

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The next meeting of this society will be held in St. Joseph, on Thursday and Friday, March 22 and 23, under the presidency of Dr. John E. Summers, Jr., of Omaha. The local arrangements are in the hands of Drs. Jacob Geiger, O. B. Campbell and C. R. Woodson, and hospitable St. Joseph extends a hearty welcome to all.

Among those who will contribute to the program are: Dr. N. S. Davis, Jr., L. L. McArthur and Fenton B. Turck, of Chicago; Dr. S. Grover Burnett, Kansas City; Dr. Chas. H. Mayo (President Minnesota State Medical Association), Rochester, Minn.; Dr. C. O. Thienhaus, Milwaukee, Wis.; Dr. Wm. Jepson (President Iowa State Medical Society), Sioux City; Dr. D. C. Gore (President Missouri State Medical Association), Marshall, Mo.; Dr. Prince E. Sawyer, Sioux City, Ia.; Dr. Chas. E. Bowers (President Kansas State Medical Society); Dr. Daniel Morton, St. Joseph; Dr. T. C. Witherspoon and Marc Ray Hughes, St. Louis.

Those wishing to contribute papers should send in their titles at once, as the list will close February 15.

If you are not a member of this progressive society, now is the time to join. Two meetings a year—initiation one dollar, annual dues one dollar (including the MEDICAL HERALD). For application blank address,

CHAS. WOOD FASSETT, M. D., Secretary,
St. Joseph, Mo.

FIFTEENTH INTERNATIONAL MEDICAL CONGRESS.

Interest is increasing in the approaching session of the International Medical Congress, which is to be held in Lisbon, April 19 to 26. The preliminary program and itinerary of the American party which is being organized, describes a most interesting trip at very low cost.

Dr. John Musser, of Philadelphia, is chairman of the National Committee, and Dr. Ramon Guiteras, 75 West 55th street, New York City, is the secretary, to whom all applications for membership in the Congress and communications regarding papers should be addressed.

The sailing date of the American party is April 7, by the North German Lloyd Steamship, Koenig Albert.

The transportation arrangements are in the hands of Dr. Chas. Wood Fassett, of St. Joseph, to whom applications for reservations should be made. In order that proper hotel accommodations may be secured in Lisbon, there should be no delay on the part of those who contemplate attending the Congress.

THE BALMY SOUTH AS A WINTER RESORT.

This is the season of the year when professional eyes are turned to the Southward, and those who are fortunate enough to have spare time are, at the advice of their physicians, seeking the Gulf resorts, to escape the unpleasant blizzards of the wintry North.

Among the most attractive and comfortable places within easy reach by a direct line of railroad we would mention Pass Christian and Biloxi, Miss., which from their peculiar and advantageous situation on the Mexican Gulf, are favored with the most delightful weather at this season of the year. Last year the writer found the months of February and March especially healthy and attractive here, with the blue of Italian skies overhead, the perfume of roses in the air and the eye dazzled by the beauty and profusion of the tropical flowers.

At Biloxi, Dr. H. M. Folkes has built a spacious and modern sanatorium facing the Gulf, and providing an ideal place for treatment and recuperation. His patients are enabled to enjoy the open air nearly every day during the winter, and should there be a few days of inclement weather, the sun parlors afford an enjoyable retreat. This institution is equipped throughout in modern style.

At Pass Christian, a few miles further down the Gulf, reached by rail, and connected by a delightful drive over the famous "shell road," is located the Mexican Gulf Hotel, under the management of Mr. E. F. Carroll. Accommodations here are first class in every respect, the fishing is excellent, the sailing fine, while nearby woods afford the hunter an abundance of game. A notable fact and one illustrative of the peculiarly healthy and salubrious climate of these Gulf resorts, is that not one case of yellow fever occurred either at Biloxi or Pass Christian during the recent epidemic.

The carnival season at New Orleans, which opened on January 5 and continues during February, attracts thousands of visitors to New Orleans, which is the gateway of the Mississippi. Mardi Gras week, February 22 to 27, will be one continuous round of festivity, and this year will surpass all previous demonstrations. All those who visit New Orleans should consult their own comfort by securing accommodations in advance at the New St. Charles Hotel, one of our most unique and successful hostelries, conducted upon American and Europeans plans. Under the management of Mr. A. R. Blakely, the New St. Charles has taken a position among the famous hotels of America.

New Orleans offers many attractions at this season of the year, being provided with seven theaters, including the famous French Opera, horse racing, golf and all the pleasures which are usually found in the North during the height of the summer season.

New Orleans is best reached by the through trains of the Frisco and Illinois Central Railways, making close connections with the L. & N. for Biloxi and Pass Christian.

LEGACY FOR HARVARD MEDICAL.—Dr. George S. Hyde has by his will left $50,000 to the Harvard Medical School.

INTESTINAL OBSTRUCTION.—Tuffier concludes that beyond the age of 50. all intestinal obstruction is due to cancer.

TEN-YEAR-OLD MOTHER.—A colored girl of Bristol, Va., who was ten years old last October, recently gave birth to an eight-pound infant.

SURGEON-GENERAL DEAD.—Dr. von Leuthold, the Emperor of Germany's body physician and surgeon-general of the army, died.

STERILIZED TRAINS.—The Chicago Limited of the Erie Railroad, has its interior daily sterilized by an apparatus perfected by the official chemist of the road.

NUFF SAID.—A twenty-dollar-a-year advertiser wants a ten-dollar reading notice free, each month. I wrote him: "The waiter shouted down the hall— 'We don't give bread with one codfish ball.' " That's all I said. —Daniel's Texas Med. Jour.

MONOPOLY OF THE SPECIALISTS.—At a meeting of the physicians one speaker said: "The rage for parceling out the human frame into special territories is passing bounds. We have specialists for the nose, the throat, the ear, the lungs, the heart, the genito-urinary organs, the rectum, the mouth, the brain, etc. It seems to me, gentlemen, that it will not be long ere the specialists, like Alexander, will have to sigh for new regions to overcome. So far as I can see, the umbilicus is about the only portion of the human body not allotted to a specialist." Whereupon a veteran practitioner exclaimed: "Doctor, you're forgetting the naval surgeons."

MEDICAL MEMORANDA.

When an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kennedy's dark pinus canadensis should be given in an alkaline medium.

For Sale.—First-class surgical chair and fine improved nebulizer. Both will be sold cheap if taken at once. Address "Removed," care Medical Fortnightly, St. Louis, Mo.

In the treatment of bronchial affections, triacol, Alpers, has proven of great benefit to the medical profession during the past few years. A well known practitioner of the East has said of this preparation: "I have never seen any guaiacol preparation that is so efficient. I am delighted that you have such a fine, palatable solution of those guaiacol salts, and I know of no better combination of them than your triacol." Upon application to The Alpers Chemical Company, 4-6 White street, New York, samples and literature will be sent free of charge.

A bit of very sensible literature has just been received from the press of Searle & Hereth Co., treating of the physiological action and the therapeutic use of guaiacol and creosote. These drugs, as is well known, are theoretically admirably adapted to the treatment of tubercular conditions, especially where the bronchial tract is involved and where increased appetite and forced feeding are a desideratum. The trouble has always been that before enough of the creosote and guaiacol could be absorbed to have any marked systemic effect, the digestive functions had become badly deranged. The use of the sulphonates of guaiacol and creosote as in guaiatonic S. & H. has evidently overcome this difficulty to a very great extent, as clinical testimonies prove. In thus furnishing the profession with an improved method of administering guaiacol and creosote, the Searle & Hereth Company certainly deserves great praise.

Pneumonia.—The ill effects of pneumonia which we are so often called to treat, sometimes give cause for alarm. Recently a young man, age twenty, carpenter by trade, applied to us for treatment. Several months previous he recovered from pneumonia. His cough which was very irritating seemed to be constant, and especially was this severe at night. By morning he was usually so much exhausted that he could not attend to his work. The usual remedies gave no relief. Bacteriological examination of the sputum revealed no signs of tuberculosis I put the patient on teaspoonful doses of fitchmul, every two and one-half hours for the first five days; every three hours thereafter and at the end of twelve days the cough had disappeared entirely, and he was again in good health and normal weight within a few weeks after treatment ceased. Fitchmul combines the active properties of fir balsam, Venice turpentine, chloric ether, and a minute quantity of hydrocyanic acid, tartar emetic and aromatics.—New Albany Med. Herald.

One Moment, Please.—Just at this season, when inflammatory affections of the respiratory organs are so prevalent, it is a matter of much importance to apply methods of treatment that will control the respiratory symptoms without deranging the other functions of the body. Expectorants fail so frequently that they are, to say the least, unreliable; cough syrups derange the stomach and thereby add a complication; respiratory sedatives, of which opium and its derivatives are the most frequently employed, depress the central nervous system and have but a transient palliative effect from which an undesirable reaction nearly always results. How much better it is to hold the respiratory symptoms in abeyance with a remedy which not only is absolutely free from deleterious influences, but has also pronounced constitutional effects, which reinforce its specific action on the respiratory tract. The Gray's glycerine tonic comp. has these influences is accepted by the profession at large because the experience of many years has demonstrated the fact beyond question. A convincing proof is evidenced by the effects of this remedy in the ordinary forms of acute bronchitis or "cold." Almost immediately do the symptoms of respiratory inflammation become less pronounced when Gray's tonic is administered; cough is lessened, bronchial distress relieved and expectoration facilitated; persistence in the use of this remedy will practically always control these troublesome symptoms and shorten, very materially, the duration of the attack. In chronic bronchitis and "winter cough," Gray's tonic is a well-nigh indispensable ally to successful treatment. Its use palliates the respiratory symptoms and exercises a beneficial influence upon nutrition in general—and this latter effect is a matter of no small importance, so authorities state, in overcoming these chronic and recurrent forms of bronchitis. Because of these effects, the routine administration of Gray's tonic in the acute infectious diseases with respiratory complications, has become a widespread habit. Influenza, pneumonia, typhoid fever are, by means of this practice, rendered less troublesome by the specific action of Gray's tonic on the respiratory tract—the course of the disease is obviously modified and convalescence more speedily established. Twenty years of experience of skilled scientific physicians constitutes the foundation upon which the above statements are based. Their recognition and application by every physician means much gained in treatment.

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